

Subpart B—Inpatient Hospital Services and Inpatient Rural Primary Care Hospital Services

§ 409.10 Included services.

(a) Subject to the conditions, limitations, and exceptions set forth in this subpart, the term “inpatient hospital or inpatient RPCH services” means the following services furnished to an inpatient of a participating hospital or of a participating RPCH or, in the case of emergency services or services in foreign hospitals, to an inpatient of a qualified hospital:

- (1) Bed and board;
- (2) Nursing services and other related services;
- (3) Use of hospital or RPCH facilities;
- (4) Medical social services;
- (5) Drugs, biologicals, supplies, appliances, and equipment;
- (6) Certain other diagnostic or therapeutic services; and
- (7) Medical or surgical services provided by certain interns or residents-in-training.

(b) *Inpatient hospital services* does not include SNF-type care furnished by a hospital or an RPCH that has a swing-bed approval, or any nursing facility-type care that may be furnished as a Medicaid service under title XIX of the Act.

[48 FR 12541, Mar. 25, 1983, as amended at 50 FR 33033, Aug. 16, 1985; 58 FR 30666, May 26, 1993]

§ 409.11 Bed and board.

(a) *Semiprivate and ward accommodations.* Except for applicable deductible and coinsurance amounts, Medicare Part A pays in full for bed and board and semiprivate (2 to 4 beds), or ward (5 or more beds) accommodations.

(b) *Private accommodations—(1) Conditions for payment in full.* Except for applicable deductible and coinsurance amounts, Medicare Part A pays in full for a private room if—

- (i) The patient’s condition requires him or her to be isolated;
- (ii) The hospital or RPCH has no semiprivate or ward accommodations; or
- (iii) The hospital’s or RPCH’s semiprivate and ward accommodations are

fully occupied by other patients, were so occupied at the time the patient was admitted to the hospital or RPCH, respectively, for treatment of a condition that required immediate inpatient hospital or inpatient RPCH care, and have been so occupied during the interval.

(2) *Period of payment.* In the situations specified in paragraph (b)(1) (i) and (iii) of this section, Medicare pays for a private room until the patient’s condition no longer requires isolation or until semiprivate or ward accommodations are available.

(3) *Conditions for patient’s liability.* The hospital or RPCH may charge the patient the difference between its customary charge for the private room and its most prevalent charge for a semiprivate room if—

- (i) None of the conditions of paragraph (b)(1) of this section is met; and
- (ii) The private room was requested by the patient or a member of the family, who, at the time of the request, was informed what the hospital’s or RPCH’s charge would be.

[48 FR 12541, Mar. 25, 1983, as amended at 58 FR 30666, May 26, 1993]

§ 409.12 Nursing and related services, medical social services; use of hospital or RPCH facilities.

(a) Except as provided in paragraph (b) of this section, Medicare pays for nursing and related services, use of hospital or RPCH facilities, and medical social services as inpatient hospital or inpatient RPCH services only if those services are ordinarily furnished by the hospital or RPCH, respectively, for the care and treatment of inpatients.

(b) *Exception.* Medicare does not pay for the services of a private duty nurse or attendant. An individual is not considered to be a private duty nurse or attendant if he or she is a hospital or RPCH employee at the time the services are furnished.

[48 FR 12541, Mar. 25, 1983, as amended at 50 FR 33033, Aug. 16, 1985; 58 FR 30666, 30667, May 26, 1993]

§ 409.13 Drugs and biologicals.

(a) Except as specified in paragraph (b) of this section, Medicare pays for

drugs and biologicals as inpatient hospital or inpatient RPCH services only if—

(1) They represent a cost to the hospital or RPCH;

(2) They are ordinarily furnished by the hospital or RPCH for the care and treatment of inpatients; and

(3) They are furnished to an inpatient for use in the hospital or RPCH.

(b) *Exception.* Medicare pays for a limited supply of drugs for use outside the hospital or RPCH if it is medically necessary to facilitate the beneficiary's departure from the hospital and required until he or she can obtain a continuing supply.

[48 FR 12541, Mar. 25, 1983, as amended at 58 FR 30666, May 26, 1993]

§ 409.14 Supplies, appliances, and equipment.

(a) Except as specified in paragraph (b) of this section, Medicare pays for supplies, appliances, and equipment as inpatient hospital or inpatient RPCH services only if—

(1) They are ordinarily furnished by the hospital or RPCH to inpatients; and

(2) They are furnished to inpatients for use in the hospital or RPCH.

(b) *Exceptions.* Medicare pays for items to be used beyond the hospital or RPCH stay if—

(1) The item is one that the beneficiary must continue to use after he or she leaves the hospital or RPCH, for example, heart valves or a heart pacemaker, or

(2) The item is medically necessary to permit or facilitate the beneficiary's departure from the hospital or RPCH and is required until the beneficiary can obtain a continuing supply. Tracheostomy or draining tubes are examples.

[48 FR 12541, Mar. 25, 1983, as amended at 58 FR 30666, May 26, 1993]

§ 409.15 Services furnished by an intern or a resident-in-training.

Medical or surgical services provided by an intern or a resident-in-training are included as "inpatient hospital or inpatient RPCH services" if they are provided—

(a) By an intern or a resident-in-training under a teaching program ap-

proved by the Council on Medical Education of the American Medical Association, or the Bureau of Professional Education of the American Osteopathic Association;

(b) By an intern or a resident-in-training in the field of dentistry under a teaching program approved by the Council on Dental Education of the American Dental Association; or

(c) By an intern or a resident-in-training in the field of podiatry under a teaching program approved by the Council on Podiatry Education of the American Podiatry Association.

[48 FR 12541, Mar. 25, 1983, as amended at 58 FR 30666, May 26, 1993]

§ 409.16 Other diagnostic or therapeutic services.

Diagnostic or therapeutic services other than those provided for in §§ 409.12, 409.13, and 409.14 are considered as inpatient hospital or inpatient RPCH services if—

(a) They are furnished by the hospital or RPCH, or by others under arrangements made by the hospital or RPCH;

(b) Billing for those services is through the hospital or RPCH; and

(c) The services are of a kind ordinarily furnished to inpatients either by the hospital or RPCH or under arrangements made by the hospital or RPCH.

[48 FR 12541, Mar. 25, 1983, as amended at 58 FR 30666, May 26, 1993]

§ 409.18 Services related to kidney transplantations.

(a) *Kidney transplants.* Medicare pays for kidney transplantation surgery only if performed in a renal transplantation center approved under subpart U of part 405 of this chapter.

(b) *Services in connection with kidney donations.* Medicare pays for services related to the evaluation or preparation of a potential or actual donor, to the donation of the kidney, or to post-operative recovery services directly related to the kidney donation—

(1) If the kidney is intended for an individual who has ESRD and is entitled to Medicare benefits or can be expected to become so entitled within a reasonable time; and

(2) Regardless of whether the donor is entitled to Medicare.